

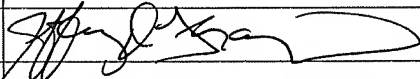
Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6/98)
Approved for use through 9/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application No.	10/758,667
	Filing Date	January 14, 2004
	First Named Inventor	BOEGE et al.
	Group Art Unit	2877
	Examiner Name	Roy M. Punnoose
Total Number of Pages in this Submission: 4		Attorney Docket No. 5178

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (IDS) / PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Executed Declaration (3 pgs) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers for an application <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney or Authorization of Agent and 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After-Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s): <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Check for \$ _____ <input type="checkbox"/> <u>Authorization to Charge Deposit Account No. 01-2213</u>
Remarks: Address all correspondence to Customer Number 22896		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT				
Name	Jeffery D. Frazier	Reg. No. 34,601	Date	July 11, 2006
Signature			Telephone	650.554.2164
Address	850 Lincoln Centre Drive, Foster City, CA 94404		Facsimile	650.638.6677

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	5178
	First Named Inventor	Steven J. Boege et al.
	COMPLETE IF KNOWN	
	Application Number	10/758,667
	Filing Date	January 14, 2004
	Art Unit	2877
	Examiner Name	Roy M. Punnoose

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUORESCENT DETECTOR WITH AUTOMATIC CHANGING FILTERS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ Was filed on (MM/DD/YYYY) 01/14/2004 as United States Application Number or PCT International

 Application Number 10/758,667 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION - Utility or Design Patent Application

Direct all correspondence to:

Practitioners at Customer Number
OR

22896

22896

PATENT TRADEMARK OFFICE



Correspondence address below:

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued hereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor.Given Name
(first and middle [if any]) Steven J.Family Name
Or Surname BOEGEInventor's
Signature *Steven Boege*

Date 11 July 2006

Residence: City San Mateo

State CA

Country US

Citizenship US

Mailing Address 329 Landfair Avenue

City San Mateo

State CA

Zip 94403-5030

Country US

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor.Given Name
(first and middle [if any]) Jon A.Family Name
Or Surname HOSHIZAKIInventor's
Signature *Jon Hoshizaki*

Date 7/6/06

Residence: City Cupertino

State CA

Country US

Citizenship US

Mailing Address 6708 John Drive

City Cupertino

State CA

Zip 94014-4563

Country US



Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.

[Page 2 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

62633_1 DOC


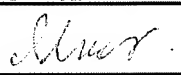
Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3 .

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) Mark F.		Family Name Or Surname OLDHAM	
Inventor's Signature 		Date 7/6/06	
Residence: City Los Gatos	State CA	Country US	Citizenship US
Mailing Address 16500 Soda Springs Road			
City Los Gatos	State CA	Zip 95033	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) Liana		Family Name Or Surname ILKOVA	
Inventor's Signature 		Date July 6, 2006	
Residence: City Sunnyvale	State CA	Country US	Citizenship Canada
Mailing Address 174 Debussy Terrace			
City Sunnyvale	State CA	Zip 94087	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country